

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: Canisius College

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 2001 Main Street, Buffalo, NY 14208

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Dr. Joel A. Cohen

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

2001 Main Street
Buffalo, NY 14208

Telephone Number of Designated Agent: 716-888-2440

Facsimile Number of Designated Agent: 716-888-3223

Email Address of Designated Agent: cohen@canisius.edu

Signature of ~~Office~~ or Representative of the Designating Service Provider:

Date: June 10, 1999

Typed or ~~Printed~~ Name and Title: Dr. Joel A. Cohen
Director of Information Technology Services

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**

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